



The Eastern Band of Cherokee Indians  
 Treasury Division – Office of Budget & Finance  
 Post Office Box 455 | Cherokee, North Carolina 28719 | (828) 359-7085



**Application for Early Disbursement for Housing Needs**

**EBCI Minors Trust Fund** Revised 10/25/2021

**RETURN THIS COMPLETED & NOTARIZED APPLICATION TO  
 THE EBCI ENROLLMENT OFFICE – PO BOX 2069 – CHEROKEE, NC 28719**

**Minors Participant Information**

Name: \_\_\_\_\_ Enrollment Number: \_\_\_\_\_  
 \_\_\_\_\_  
 First Middle Last Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Early Distribution for Housing Needs (check all that apply)**

- Home Purchase OR  Home Construction Total Amount Requested: \$ \_\_\_\_\_  
 This will be my primary residence  I am between the ages of 18-24  
 I have land in my name or a ten-year lease  I can show proof of income  Appraisal record of house

**Include the following documents with your application:**

1. Contract of Purchase/Sale, Bill of Sale, or Sales Quote that shows the total amount of home purchase/construction
2. Proof of Income such as copies of check stubs, copies of tax documents (W2s or 1099s), bank account summary, or copies of your most recent income tax filing
3. Proof that you have land in your name, or that land is included in your housing purchase, or that you have a minimum of a ten-year land lease if purchasing a mobile home. **\*\*For house purchase/construction on Trust Land, attach approved copy of 'Site Inspection Application' from Realty Office.**
4. A current appraisal must be included with home purchase contract or bill of sale. The purchase price can be a maximum of 125% over the appraised value. If appraisal is not included, the EBCI Treasury Office will pull tax records and base application on tax value, which could be significantly less than appraised value.
5. Proof of availability of funds to cover housing purchase/construction beyond maximum total distribution if the purchase price exceeds the total amount of distribution allowed per the policy.

\_\_\_\_\_  
 Signature of Applicant Date

**Early Disbursement for Housing Needs Policy:** In order to be eligible for an advance distribution for housing, beneficiaries must satisfy all the following criteria (a) must be a beneficiary of the Minors Trust Fund with an account balance, (b) must be between the ages of 18-24, (c) housing purchase must be the beneficiary's primary residence, (d) must demonstrate proof of income, and (e) must have land held in the name of the beneficiary or for a mobile home purchase beneficiary must have a minimum of a ten-year lease. If such request is granted the amount shall not exceed 98% of the home's purchase price and 80% of the beneficiaries account balance at the time of request. The amount will be grossed up to cover applicable taxes. Documentation must be attached to support the housing need and justify costs. If you have questions about your account or to receive a pre-qualification letter, contact Lavita Hill at lavihill@ebci-nsn.gov.

**NOTARY ACKNOWLEDGEMENT**

State of: \_\_\_\_\_ County of: \_\_\_\_\_. On this \_\_\_\_ day  
 of \_\_\_\_\_, 20\_\_\_\_. Before me, \_\_\_\_\_, the undersigned Notary  
 Public for \_\_\_\_\_ County, personally appeared: \_\_\_\_\_  
 personally known to me; or  proved to me on the basis of satisfactory evidence to be the person whose name is subscribed on  
 the within instrument, and acknowledged to me that he/she executed the same for the purposes therein stated.

(SEAL)

\_\_\_\_\_  
 Signature of Notary Printed Name of Notary My Commission Expires \_\_\_\_\_



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**Application for Early Disbursement Direct Deposit Agreement**  
**EBCI Minors Trust Fund** *Revised 7/1/2021*



**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS OF MINORS TRUST FUND DISBURSEMENT**  
**\*\*OPTIONAL\*\***

**NAME:** \_\_\_\_\_

I hereby authorize EASTERN BAND OF CHEROKEE INDIANS to initiate credit entries to my account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of US law.

**Checking**

**Savings**

**Bank Name:** \_\_\_\_\_ **Bank Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Account Name:** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

Please attach a VOID check or a letter from your financial institution.

**FOR HOUSING, HEALTHCARE OR EDUCATION APPLICATIONS**

**WIRE & DELIVERY INSTRUCTIONS**

**Receiving Institution ABA #:** \_\_\_\_\_

**Receiving Institution:** \_\_\_\_\_

**Beneficiary Name:** \_\_\_\_\_

**Beneficiary Instructions:** \_\_\_\_\_

**FFC:** \_\_\_\_\_

By filling out this form, you accept that you are voluntarily enrolling in direct deposit for your Minors Trust Fund payment. You are responsible for keeping your bank account open. Any changes to your bank account may result in a late payment. The bank account for direct deposit must include the applicant's name.